

Intervention: Harm minimization in school-based programs

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:

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|---|--|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input checked="" type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

The goal of this kind of intervention is to reduce harmful or hazardous effects of alcohol or other drug consumption associated with one's own use and/or others' use of alcohol, in addition to the usual program goals of increasing non-use or delayed use.

Findings from the systematic reviews:

School-based programs with an implicit or explicit harm minimization goal have rarely received evaluation attention outside the United Kingdom, Canada, and Australia. Thus, there is insufficient evidence to determine whether harm minimization interventions would be successful in the United States.

Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

Limitations/Comments:

The author cites a need for more longitudinal studies that examine the goals of drug education.

References:

McBride N. A systematic review of school drug education. Health Educ. Res. 2003 Dec; 18(6):729-742.